

FY21 Operational Expenditures Application

The following application allows state entities to apply for Coronavirus Relief Funds to supplement anticipated operational expenses incurred by COVID-19. This application requests CRF for September 1, 2020 to December 30, 2020 and **ONLY** for operational expenditures. Please submit the additional FY21 Project Application for any request of CRF that are not categorized as operational expenditures. Please note that agencies can only submit **ONE** operational expenditures request form at this time. For detailed instructions on how to submit the following application, please review the FY21 Agency CRF Memo.

Date of submission *



Requesting Agency *

Agency Number *

Primary Agency Contact *

First Name

Last Name

Primary Phone Number *

Primary Email *



Yes

No

If yes, exactly how much did your agency receive?

Provide date and reason for receiving the funds.

Has the head of your agency reviewed and approved the FY21 Operational Expenditures requests being submitted? *

Yes, the head of the requesting agency has approved the following submission.

Head of Agency Name *

First Name

Last Name

Fiscal Effects Assessment

Prior to completing the breakdown of the operational expenditure, fill out the Fiscal Effect Assessment below. These questions provide The Office of Recovery insight on how and why these CRF funds are necessary and eligible in regards to the Dept. of Treasury Guidance.

Does this request include expenditures that were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government? *

Yes

No



Unknown

Does this request involve matching state funds for federal funds? *

Yes

No

Unknown

Are necessary expenditures incurred due to the public health emergency with respect to COVID-19? *

Yes

No

Unknown

Was this request incurred during the period that begins on March 1, 2020, and ends on December 30, 2020? *

Yes

No

Unknown

Is this a one-time request? *

Yes

No

Unknown

Please provide a brief description of the COVID-19 related need(s) or issue(s) that this funding will be addressing. If possible, address how the funds benefit Kansans and/or delivery of services to Kansans. *



Operational Expenditures Budget

In the following section, you will submit itemized requests in the given operational expenditure categories for September 1st to December 31st. If your agency is not requesting CRF for all fields, please fill in the appropriate budget item with a \$0. For requested CRF amounts, the description box that follows MUST be filled out with a brief explanation for need/use of funds.

1. Salaries & Wages *

\$

Provide a brief description for the line item above.

2.(A) Contractual Services- Communications *

\$

Provide a brief description for the line item above.

2.(B) Contractual Services- Freight & Express *

\$

Provide a brief description for the line item above.



2.(C) Contractual Services- Printing & Advertising *

\$

Provide a brief description for the line item above.

2.(D) Contractual Services- Rents *

\$

Provide a brief description for the line item above.

2.(E) Contractual Services- Repairing & Servicing *

\$

Provide a brief description for the line item above.

2.(F) Contractual Services- Travel & Subsistence *

\$

Provide a brief description for the line item above.

2.(G) Contractual Services- Fees-- Other Services *

\$

Provide a brief description for the line item above.

2.(H) Contractual Services- Fees-- Professional Services *

\$



Provide a brief description for the line item above.

2.(I) Contractual Services- Utilities *

\$

Provide a brief description for the line item above.

2.(J) Contractual Services- Other Contractual Services *

\$

Provide a brief description for the line item above.

SUBTOTAL -- CONTRACTUAL SERVICES *

\$

Calculate all the requested amounts for those categorized as Contractual Services (2).

3.(A) Commodities- Clothing *

\$

Provide a brief description for the line item above.

3.(B) Commodities- Food for Human Consumption *

\$

Provide a brief description for the line item above.

3.(C) Commodities- Materials & Supplies *

\$



Provide a brief description for the line item above.

3.(D) Commodities- Vehicle Supplies *

\$

Provide a brief description for the line item above.

3.(E) Commodities- Professional Science Supplies *

\$

Provide a brief description for the line item above.

3.(F) Commodities- Office & Data Supplies *

\$

Provide a brief description for the line item above.

3.(G) Commodities- Other Supplies & Materials *

\$

Provide a brief description for the line item above.

SUBTOTAL -- COMMODITIES *

\$

Calculate all the requested amounts for those categorized as commodities (3).

4. Capital Outlay *

\$



Provide a brief description for the line item above.

5. Other Assistance *

\$

Provide a brief description for the line item above.

TOTAL OPERATIONAL EXPENDITURES REQUEST *

\$

Optional Additional Information

Please include any additional information that is important for The Office of Recovery to be aware of in terms of your application.

Additional Information

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